

Date Investigation Started

__	__	__	__	__	__	__	__	__
month			day			year		

**MEASLES (RUBEOLA) CASE REPORT—CALIFORNIA**

County

Case Number

**Personal Data**

Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth __ __ __ __ month day year	Onset age __ __ __ yrs <input type="checkbox"/> < 1 year	Address (number, street)	City	ZIP code	Phone ( )
Person reporting case, phone number ( )		Date reported to county __ __ __ __ month day year	Physician (if any) phone number ( )		Hospital (if any) phone number ( )		
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown			Country of birth: <input type="checkbox"/> U.S. <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown				
Race/National Origin <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native (Aleut, Eskimo) <input type="checkbox"/> Unknown			Occupation				
<input type="checkbox"/> Asian—Please also check <i>one</i> box below: <input type="checkbox"/> Chinese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Hmong <input type="checkbox"/> Guamanian <input type="checkbox"/> Japanese <input type="checkbox"/> Cambodian (Non-Hmong) <input type="checkbox"/> Thai <input type="checkbox"/> Samoan <input type="checkbox"/> Korean <input type="checkbox"/> Laotian (Non-Hmong) <input type="checkbox"/> Other Asian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese (Non-Hmong)			<input type="checkbox"/> Pacific Islander—Please also check <i>one</i> box below: <input type="checkbox"/> Other Pacific Islander				
			Social Security number __ __ __ __ - __ __ - __ __ __ __				

**Clinical and Lab Data**

<b>Rash</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, rash onset date: __ __ __ __ month day year Duration: <input type="checkbox"/> 1–2 days <input type="checkbox"/> 3 days <input type="checkbox"/> 4 or more days Origin on body and spread Description Ill $\geq$ 2 days before rash: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Fever</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, onset date: __ __ __ __ month day year Highest temperature: _____ If temperature not measured, did patient's skin feel: <input type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Normal <input type="checkbox"/> Unknown	<b>Cough</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Runny nose</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Watery or red eyes or photophobia</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Other symptoms (Koplik's spots, large lymph nodes, joint pains, sore throat, diarrhea, etc.)		

Complications: Hospitalized: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of days: _____	Outcome <input type="checkbox"/> Lived <input type="checkbox"/> Died <input type="checkbox"/> Unknown	NIP fluorescent antigen or viral isolation Date: _____ Result: _____	Measles IgM antibody Date: _____ Index/titer: _____	Measles IgG or total antibody Acute date: _____ Conv. date: _____ Index/titer: _____
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**Minimal clinical criteria for measles:** (1) fever at least 101°F (38.3°C) or "hot"; and (2) generalized rash for at least three days; and (3) at least one of the following: cough, runny nose, red or watery eyes, eyes sensitive to light.

**Confirmed measles case definition:** Laboratory-confirmed or, if not laboratory-confirmed, meets the minimal clinical criteria above and is linked to another case which meets these criteria or which is laboratory-confirmed.

**Probable measles case definition:** Meets the minimal clinical criteria above but is *not* laboratory-confirmed and is *not* linked to another probable or confirmed case.

**Case Classification** (use definitions provided above)
☐ Confirmed measles ☐ Probable measles ☐ Suspected measles (doesn't meet confirmed or probable definition) ☐ Not measles
**Past History**

Measles vaccine: <input type="checkbox"/> Yes <input type="checkbox"/> No/unknown If yes, is written vaccine record available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vaccine date __ __ __ __ month day year	If before 1968, type (live, killed, etc.)	Prior M.D. diagnosed measles <input type="checkbox"/> Yes <input type="checkbox"/> No/unknown
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Any vaccines besides measles vaccine ever received? <input type="checkbox"/> Yes <input type="checkbox"/> No/unknown	Immunization against beliefs <input type="checkbox"/> Yes <input type="checkbox"/> No/unknown
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**Probable Exposure and Infectious Periods**

Enter date ↓ -17 -16 -15 -14 -13 -12 -11 -10 -9 -8 -7 -6 -5 -4 -3 -2 -1 0 +1 +2 +3 +4 Exposure Period	Enter date ↓ -8 -7 -6 -5 -4 -3 -2 -1 0 +1 +2 +3 +4 Infectious Period
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**Possible Source of Infection** (relative, friend, visitor, schoolmate, etc., with rash illness 8–17 days before onset)

Rash onset date (mm/dd): \_\_ \_\_ \_\_ \_\_

Name(s)/age(s)	Relationship to case/site of contact	Address(es) / phone number(s)
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**Exposure to Groups** (church, party, park, theater, school, etc.) or travel outside local community 8–17 days before onset**Travel To or Arrival From Other Country or State Within 18 Days of Rash Onset:** ☐ Yes ☐ No

If yes, case's citizenship	Countries/states involved; dates in each	Date of arrival in California	Contact with measles or rash illness case(s)
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**Are There Similar Illnesses Currently Among**—relatives, neighbors, friends, schoolmates, playgroups, etc.?

Name(s)	Relation to case	Approx. Rash Onset Date(s)	Address(es)/Phone Number(s)	Comments

**I. CONTACTS TO CASE** ☐ Investigation did not begin until at least 14 days after case's rash onset. (Need only names and addresses/phones of contacts and illness outcome.)

**A. INDIVIDUAL CONTACTS to case in infectious period who were born since 1956** (relatives, friends, neighbors, small party or playgroup members, etc.)

NAME, RELATION TO CASE, AGE	EXPOSURE DATES	ADDRESS/PHONE	ISOLATION INSTRUCTION GIVEN	PRIOR LIVE MEASLES VACCINE ON OR AFTER FIRST BIRTHDAY			PRIOR MD-DIAGNOSED MEASLES	VACCINE/IG ADMINISTERED		SURVEILLANCE FOR ILLNESS	
				Yes	No/Unknown	Vaccine Record Actually Seen		Given	Referred to MD	Continue Until (Exp. Date + 15 Days)	Outcome (Well/III)

Comments

**B. Group Contacts to Case in Infectious Period** (school, preschool, school bus, team, club, playgroup, church, clinic waiting room, etc.)

NAME OF GROUP	NAME/ADDRESS/PHONE NUMBER OF CONTACT PERSON	EXPOSURE DATES	ISOLATION INSTRUCTIONS GIVEN	NUMBER OF SUSCEPTIBLES IDENTIFIED	NUMBER GIVEN VACCINE/IG	NUMBER REFERRED TO MD/CLINIC FOR VACCINE/IG	SURVEILLANCE FOR ILLNESS		COMMENTS (e.g., school: number enrolled, number given exclusion notices)
							Continue Until (Exp. Date + 15 Days)	Outcome—Any Ill?	

**II. SECONDARY CONTACTS—Groups with contact to SUSCEPTIBLE individual contacts (from A. above) 8–14 days after rash onset of index case.** Examples of possible groups listed in B. above.

NAME OF GROUP	NAME/ADDRESS/PHONE NUMBER OF CONTACT PERSON	EXPOSURE DATES	NUMBER OF SUSCEPTIBLES IDENTIFIED	NUMBER GIVEN VACCINE/IG	NUMBER REFERRED TO MD OR CLINIC FOR VACCINE/IG	SURVEILLANCE FOR ILLNESS		COMMENTS
						Continue Until (30 Days After Case Onset)	Outcome—Any Ill?	

Investigation completed by (name)

Title

Date

Phone number